

HAROLD HUNT 2423578

Name and Prisoner/Booking Number

FILED

JUN 03 2013

 CLERKPENNINGTON COUNTY JAIL

Place of Confinement

307 St Joseph St.

Mailing Address

Rapid City, SD 57701

City, State, Zip Code

**UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH DAKOTA
Western DIVISION**

HAROLD HUNT
(Full Name of Plaintiff)Case No. 13-5041
(To be supplied by the Clerk)

Plaintiff,

vs.

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

"Jury TRIAL Demanded"

Cpt. YANTIS OF Penn. Co. Jail Admin.
RN Laurie Good Penn. Co. Sheriff's Dept. Medical
RN Tiffany Alexander Penn. Co. Sheriff's Dept. Medical

Dr. Alvin Wessel
(Full Name of Each Defendant)

- ☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

Defendants.

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:
- ☒ 28 U.S.C. § 1343(a)(3); 42 U.S.C. § 1983
 - ☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).
 - ☐ Other: (Please specify.) _____

2. Name of Plaintiff: HAROLD HUNT
 Present mailing address: Penn. Co Jail 9-11, 307 St. Joseph St. Rapid City, SD 57701
 (Failure to notify the Court of any change of address may result in dismissal of this action.)

Institution/city where violation occurred: PENNINGTON COUNTY JAIL / Rapid City

3. Name of first Defendant: Cpt. Yawtis. The first Defendant is employed as:
Penn. Co. Commissioners at Pennington County Jail Administration
(Position and Title) (Institution)
This Defendant is sued in his/her: ☒ individual capacity ☒ official capacity (check one or both)
Explain how this Defendant was acting under color of law: He acted under the policy of the Pennington Co. Jail AND on his own opinion
4. Name of second Defendant: Laurie Good. The second Defendant is employed as:
Head Nurse / RN at Pennington County Jail
(Position and Title) (Institution)
This Defendant is sued in his/her: ☒ individual capacity ☒ official capacity (check one or both)
Explain how this Defendant was acting under color of law: She acted under the policy of her employment at the jail and under her individual position as a nurse
5. Name of third Defendant: Dr. Alvin Wessel. The third Defendant is employed as:
Residing Dr. / Doctor at Pennington County Jail
(Position and Title) (Institution)
This Defendant is sued in his/her: ☒ individual capacity ☒ official capacity (check one or both)
Explain how this Defendant was acting under color of law: He acted both in his individual capacity as a doctor and under policy of his employment at the Pennington Co. Jail
6. Name of fourth Defendant: Tiffany Alexander. The fourth Defendant is employed as:
Nurse RN at Pennington County Jail
(Position and Title) (Institution)
This Defendant is sued in his/her: ☒ individual capacity ☒ official capacity (check one or both)
Explain how this Defendant was acting under color of law: She acted under the policy of her employment at the jail and under her individual position as a nurse
- (If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.)

B. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If your answer is "yes," how many lawsuits have you filed? 2. Describe the previous lawsuits in the spaces provided below.
3. First prior lawsuit:
a. Parties to previous lawsuit:
Plaintiff: Harold Hunt
Defendants: MRS. RAGA AND Pennington County Commissioners

- b. Court: (If federal court, identify the district; if state court, identify the county.) Pennington County, Seventh Judicial Circuit Court
- c. Case or docket number: Civil No. 08-1968
- d. Claims raised: INAdequate medical care during August And September of 2008
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) Dismissed Without Prejudice for Insufficient Service of Process
- f. Approximate date lawsuit was filed: February, 2009
- g. Approximate date of disposition: April 13, 2009
4. Second prior lawsuit:
- a. Parties to previous lawsuit:
 Plaintiff: Harold Hunt
 Defendants: Jim Rowenhorst, Pennington Co. Jail Commander; And Laurie Good, RN, Head Nurse, Pennington Co. Jail
- b. Court: (If federal court, identify the district; if state court, identify the county.) Western Division
- c. Case or docket number: CIV. 13-5009-JLV
- d. Claims raised: Violation of Civil Rights
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) Dismissed As frivolous And for failing to state a claim
- f. Approximate date lawsuit was filed: JANUARY 23, 2013
- g. Approximate date of disposition: February 13, 2013
5. Third prior lawsuit:
- a. Parties to previous lawsuit:
 Plaintiff: _____
 Defendants: _____
- b. Court: (If federal court, identify the district; if state court, identify the county.) _____
- c. Case or docket number: _____
- d. Claims raised: _____
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____
- f. Approximate date lawsuit was filed: _____
- g. Approximate date of disposition: _____

(If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.)

C. CAUSE OF ACTION

COUNT I

1. The following constitutional or other federal right has been violated by the Defendant(s): _____

Eighth Amendment Rights of Deliberate Indifference

2. Count I involves: (Check **only one**; if your claim involves more than one issue, each issued should be stated in a different count)
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Medical care | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Exercise of religion |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

Between Oct. 17, 2012 AND March 5, 2013, I the plaintiff Harold Hunt complained to defendants, RN Laurie Good, RN Tiffany Alexander, AND Dr. Alvin Wessel About the food I WAS eating WAS NOT digesting properly. I started getting stomach cramps AND intense chest pains AND throwing up. On 12-30-2012 I WAS told I needed to file a grievance to the jail administration in which I did. On 1-15-13 I received AN ANSWER from Cpt. Yantis with his professional AND personal opinion About what I should do. I requested that I be seen by A specialist (Gastroenterologist). I WAS refused several times. Their actions or lack of actions to provide proper medical care WAS ignored for months AND therefore caused my stomach to be corroded AND an ulcer to appear. Also causing me to have three unnecessary operations out of four. Nurse Good also delayed AND interfered with prescribed treatment which was the cause of 2 extra operations being done.

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

I was experiencing constant stomach cramps, intense chest pains vomiting AND AN ulcer occurring, excessive weight loss AND must take Prilosec medication indefinitely from this ordeal

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count I? ☒ Yes ☐ No
- Did you appeal your request for relief on Count I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. _____

COUNT II

1. The following constitutional or other federal right has been violated by the Defendant(s): Eighth Amendment Rights of Cruel and Unusual Punishment

2. Count II involves: (Check **only one**; if your claim involves more than one issue, each issued should be stated in a different count)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Medical care | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Exercise of religion |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

On Oct. 17th 2012 through March 5th 2013 the defendants Cpt. Yantis of Pennington County Jail, RN Laurie Good, RN Tiffany Alexander, and Dr. Alvin Wessel caused injury and delay of care for not responding reasonably to my medical needs which caused 3 needless operations to be performed

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

The defendants actions caused mental anguish, emotional distress, a surmountable amount of pain and suffering, weight loss, Agony and the fact that I now have to be on Prilosec for the rest of my life Vomitting daily for months Severe intense chest pains for months

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count II? ☒ Yes ☐ No
- Did you appeal your request for relief on Count II to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. _____

D. REQUEST FOR RELIEF

State briefly what you want the Court to do for you.

Wherefore, Plaintiff pray that the Court grant compensation, for Deliberate Indifference, And Cruel And Unusual Punishment As stated under the Eighth Amendment. Plaintiff also prays the Court grant general damages and punitive damages in the amount of \$ 8.5 000,000 for pain And suffering, \$5,000 in Attorney fees, \$ 5,000 for witness fees, medical Experts And treating physician And cost incurred in this action. Also that the court quickly take all steps necessary to hear this action at the earliest practicable date, Advance this case on the docket, Cause this case to be in every way expedited And heard and upon such hearing to Allow plaintiff the cost herein And such other relief As appears to the Court to be necessary or equitable or just.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

5-29-13

DATE

Harold Hunt

SIGNATURE OF PLAINTIFF

(Name and title or paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If needed, you may attach additional pages. The form, however, must be completely filled in to the extent applicable.